

<b>Client Information</b>						<b>FOR CONTRACTOR INTERNAL USE ONLY</b>					
Last		First	MI	Social Security Number ____/____/____		Birth Date ____/____/____		Age			
Mailing Address		City		State	Zip	Phone		Race			
Contractor No:		Clinic No:		Medicaid No:		Chart No:		CD Number:			
<b>Cervical Screening History</b>						[This information will be entered in the <b>BCC Cervical Screening Master</b> during each screening cycle]					
<p>Is this a short-term follow-up visit for a previous abnormal screening?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Is this client a referral into BCC?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Is there a history of dysplasia/cancer, HIV, HPV or immuno-compromised?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p>Has the client had a hysterectomy?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p>Was the hysterectomy performed for either cervical cancer or Neoplasia?  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p>						<p>Has the client received an HPV vaccination?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p>Date of the HPV vaccination?   ____/____/____</p> <p>Is the client post-menopausal?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p>Is the client pregnant?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p>Has the client had a previous pap test?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p>Date of previous pap test?   ____/____/____</p> <p>Previous pap test results   _____</p> <p><b>Note:</b> The previous pap test is required to establish the date for the performance measure Never or Rarely Screened (MDE 6a)</p>					
<b>Cervical Cancer Services</b>						[All services provided to the client will be documented in the <b>BCC Cervical Cancer Services</b> screen]					
<p>CBE:   <input type="checkbox"/> Yes   <input type="checkbox"/> No      RESULTS:   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal</p> <p><i>*Referred in clients do not require documentation of a CBE for abnormal pelvic/pap test</i></p> <p>Did the client receive a pelvic exam this screening cycle?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      <b>[Documented in the BCC Cervical Screening Master]</b>  RESULTS:   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal      <b>[Documented in the BCC Cervical Service screen]</b></p> <p>If a pelvic exam was done, was the cervix present?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown      <b>[Documented in the BCC Cervical Screening Master]</b></p> <p>Is a diagnostic workup planned for this client? <i>[If there was an abnormal screening result]</i>   <input type="checkbox"/> Yes   <input type="checkbox"/> No      <b>[Documented in same screen above]</b></p> <p>Case Management Assessment complete?   <input type="checkbox"/> Yes   <input type="checkbox"/> No      <b>[Entered/Documented in the Case Management Master in TWICES]</b>  <i>*A documented Casemanagement Assessment is required for all abnormal screening/&amp; or diagnostic results</i></p>											
Service Date ____/____/____		Service Date ____/____/____		Service Date ____/____/____		Service Date ____/____/____		Service Date ____/____/____		Service Date ____/____/____	
Provider		Provider		Provider		Provider		Provider		Provider	
<b>Note:</b> See appendix A in FY08 Policy Manual for allowable CPT codes. <b>Non BCCS codes are not reimbursed by BCCS.</b>											
<b>Office Visit:</b> <input type="checkbox"/> 99201 <input type="checkbox"/> 99202 <input type="checkbox"/> 99203 <input type="checkbox"/> 99212 <input type="checkbox"/> 99213 Other code: _____		<b>Colposcopy Only</b> <b>57452</b>		<b>Colposcopy &amp; Biopsy</b> <b>57454</b>		<b>Other/CPT Code</b> _____ _____ _____		<b>Pap Smear(s) CPT Code</b> _____ _____ _____		<b>Other/CPT Code</b> _____ _____ _____	
<b>Physician Consult:</b> <input type="checkbox"/> 99241 <input type="checkbox"/> 99242 <input type="checkbox"/> 99243 <input type="checkbox"/> 99244 <b>Results:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not applicable <b>Date:</b> ____/____/____		<b>Results:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal  <b>Results Date:</b> ____/____/____		<b>Results:</b> <input type="checkbox"/> 1 Negative/Benign <input type="checkbox"/> 2 HPV/Atypia <input type="checkbox"/> 3 CIN I <input type="checkbox"/> 4 CIN II <input type="checkbox"/> 5 CIN III/CIS <input type="checkbox"/> 6 Invasive cancer <input type="checkbox"/> 7 Other  <b>Results Date:</b> ____/____/____		<b>Results:</b> <input type="checkbox"/> 1 Negative/Benign <input type="checkbox"/> 2 HPV/Atypia <input type="checkbox"/> 3 CIN I <input type="checkbox"/> 4 CIN II <input type="checkbox"/> 5 CIN III/CIS <input type="checkbox"/> 6 Invasive cancer <input type="checkbox"/> 7 Other  <b>Results Date:</b> ____/____/____		<b>Results:</b> <input type="checkbox"/> Atypical squamous cells of undetermined significance (ASC-US) <input type="checkbox"/> Low grade SIL <input type="checkbox"/> Atypical squamous cells-cannot exclude HSIL (ASC-H) <input type="checkbox"/> High grade SIL (HSIL) <input type="checkbox"/> Squamous cell carcinoma <input type="checkbox"/> Abnormal glandular cells (including Atypical, Endocervical adenocarcinoma in situ and Adenocarcinoma) <b>Results Date:</b> ____/____/____		<b>Results:</b> <input type="checkbox"/> 1 Normal <input type="checkbox"/> 2 Abnormal <input type="checkbox"/> 3 Indeterminate <input type="checkbox"/> 4 Not Applicable  <b>Results Date:</b> ____/____/____	
<b>Bill To:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other <b>Bill Other:</b> <input type="checkbox"/> Koman <input type="checkbox"/> Avon <input type="checkbox"/> Self-pay		<b>Bill To:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other <b>Bill Other:</b> <input type="checkbox"/> Koman <input type="checkbox"/> Avon <input type="checkbox"/> Self-pay		<b>Bill To:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other <b>Bill Other:</b> <input type="checkbox"/> Koman <input type="checkbox"/> Avon <input type="checkbox"/> Self-pay		<b>Bill To:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other <b>Bill Other:</b> <input type="checkbox"/> Koman <input type="checkbox"/> Avon <input type="checkbox"/> Self-pay		<b>Bill To:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other <b>Bill Other:</b> <input type="checkbox"/> Koman <input type="checkbox"/> Avon <input type="checkbox"/> Self-pay		<b>Bill To:</b> <input type="checkbox"/> CDC <input type="checkbox"/> Other <b>Bill Other:</b> <input type="checkbox"/> Koman <input type="checkbox"/> Avon <input type="checkbox"/> Self-pay	

<p><b>Diagnostic evaluation status:</b> this information will be Documented in the Diagnostic/Treatment Section of TWICES</p> <p> <input type="checkbox"/> Evaluation complete; a final diagnosis has been reached  <input type="checkbox"/> <i>Client refused needed procedures before a final diagnosis could be reached</i>  <input type="checkbox"/> <i>Client is lost to follow-up</i>  <input type="checkbox"/> Evaluation in progress; Additional procedures pending         </p> <p>Date evaluation completed?      ___/___/___</p> <p>Final Diagnosis: Cervical cancer detected?  <input type="checkbox"/> Yes (staging info required)      <input type="checkbox"/> No         </p> <p><b>If cervical cancer is detected then the contractor is required to ensure client has access to treatment</b></p> <p>Staging Documents Sent to DSHS?      <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Staging Results: _____</p> <p>Explanation of <i>Refused or Lost to Follow-up Status</i>          _____          _____</p>	<p><b>Treatment status for cervical cancer:</b> this information will be Documented in the Diagnostic/Treatment Section of TWICES</p> <p> <input type="checkbox"/> Treatment initiated or complete  <input type="checkbox"/> <i>Client refused treatment</i>  <input type="checkbox"/> <i>Client is lost to follow-up</i>  <input type="checkbox"/> Treatment scheduled or pending         </p> <p>Date treatment initiated, <i>refused</i>, or <i>client lost to follow-up</i>:          ___/___/___</p> <p>Referred to Medicaid Treatment Act?   <input type="checkbox"/> 1 Yes   <input type="checkbox"/> 2 No</p> <p>Date Form 1034 Faxed to State Office:   ___/___/___</p> <p>Has Client Been Enrolled in Medicaid?  <input type="checkbox"/> 1 Yes   <input type="checkbox"/> 2 No         </p> <p>Hospital/Facility where treatment was initiated:          _____</p> <p>Explanation of Refused or Lost to Follow-up Status          _____          _____</p>
<p><b>Cycle Closed?</b>                      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Is the next visit date necessary?   <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>* Next Visit Date: ___/___/___</p> <p>[This is the last step in data entry for these items is in the <b>BCC Cervical Screening Master</b>]</p> <p><b>* Note:</b></p> <ul style="list-style-type: none"> <li>▪ <i>If the screening results were normal then the next visit date could be an annual visit or re-screening;</i></li> <li>▪ <i>The next visit date could also be used for Short-term follow-up'</i></li> <li>▪ <i>A documented case management assessment in TWICES [Case Management Master Screen] is required to close the cycle for all abnormal screening and or diagnostic results</i></li> </ul>	Empty space for data entry